

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 06/13/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 06/14/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN M H/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN DS LME	8505	5533	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	363	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	18	6782	7453	645
		21	329	DUPLICATE OF CLAIM-SYSTEM				
3404910	PATHWAYS	8505	7175	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		24	1156	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	12	9282	10850	1565
		8800	348	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404912	CATAWBA COUNTY ENTAL HEALT	8505	346	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	194	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	237	768	2210	1442
		8599	118	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	NECKLENBURG COM ENTAL HEALT	11	6875	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	4395	DUPLICATE OF CLAIM-SYSTEM	4263	19988	30086	10098
		8931	2355	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA VIOAL HEAL	8599	1904	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	39	DUPLICATE OF CLAIM-SYSTEM	3	2087	8266	6179
		10	32	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404917	CENTERPOINT HUM AN SERVICES	8505	1799	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	265	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	58	2574	2901	327
		8800	140	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	69	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	26	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	95	139	10
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1015	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				

		21	278	DUPLICATE OF CLAIM-SYSTEM	16	1867	18166	16299

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
		8599	266	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	2283	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	970	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	3458	5415	1957
		8800	83	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404921	ORANGE PERSON C HATHAM AREA	8505	2755	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	451	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	39	4310	8835	4525
		191	375	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404922	THE DURHAM CENT ER	8505	4311	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8517	1805	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	7558	12967	5408
		8599	948	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO RITY	8505	1256	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	74	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1424	1738	314
		8800	65	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	21	2503	DUPLICATE OF CLAIM-SYSTEM				
		8505	1645	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	184	6471	9506	3035
		8599	945	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	2690	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	1619	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	2826	8833	10286	1453
		8935	1060	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404927	CUMBERLAND CO M HC	8505	1713	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	172	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2147	3833	1686
		167	63	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404929	LEE HARNETT MH/ DD/SAS	11	1245	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	1209	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	2483	3931	1448
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	4	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		0	0		0	4	368	364
3404931	WAKE CO HUM SVC BILLING OF	8505	2742	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		23	1080	SERVICE REQUIRES PRIOR APPROVA L	14	4910	5403	493
		8800	606	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	4464	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	440	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	33	5937	10555	4618
		8800	434	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404934	ONSLow COUNTY B EHAVIORAL M	8505	271	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	178	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	504	1148	643
		11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	479	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	109	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	33	627	1403	776
		8931	17	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	8505	3858	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	326	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	4330	5457	1127
		21	133	DUPLICATE OF CLAIM-SYSTEM				
3404938	VGFw DBA RIVERS TONE COUNSE	21	33	DUPLICATE OF CLAIM-SYSTEM				

		0	0		0	33	33	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404939	NEUSE MENTAL HE	8505	1566	CLAIM DENIED DUE TO INSUFFICIE				
	ALTH CENTER			NT BUDGET				
		8800	377	FURTHER PROCESSING NECESSARY,	5	2262	3627	1365
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	100	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S	8599	351	DETAIL NOT COVERED BY COMBINAT				
	AS CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	312	DUPLICATE OF CLAIM-SYSTEM	17	842	1128	286
		11	75	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404942	ROANOKE CHOWANH	8505	277	CLAIM DENIED DUE TO INSUFFICIE				
	UMAN SERVIC			NT BUDGET				
		8599	121	DETAIL NOT COVERED BY COMBINAT	17	421	694	273
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	8	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404943	ALBEMARLE MENTA	8505	493	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
		8800	161	FURTHER PROCESSING NECESSARY,	39	892	3406	1730
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	54	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404944	EASTPOINTE HUMA	8505	587	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		21	107	DUPLICATE OF CLAIM-SYSTEM	59	864	3014	2150
		8599	84	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	21	508	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8599	290	DETAIL NOT COVERED BY COMBINAT	34	1264	9330	8066
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	116	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404957	TIDELAND MENTAL	8505	6214	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8800	50	FURTHER PROCESSING NECESSARY,	18	6330	6408	78
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	22	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM	8505	4765	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8800	446	FURTHER PROCESSING NECESSARY,	133	5793	9165	3372
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		23	215	SERVICE REQUIRES PRIOR APPROVA				
				L				